

MICHIGAN DEPARTMENT OF EDUCATION SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to VrettasA@michigan.gov.

CHECK THE APPROPRIATE BOX:

- | | | |
|--|---|---|
| <input type="checkbox"/> For Profit Company | <input checked="" type="checkbox"/> Local School District | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Public School Academy | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Intermediate School District | <input type="checkbox"/> Faith-Based Organization |

Section 1: Provider Identification

Name of Entity Alpena Public Schools

Name of Director Patricia Sampier

Address 2373 Gordon Road City Alpena State MI Zip 49707

Phone 989-358-5025 Fax 989-358-5065 Email Sampierp@alpenaschools.com

Proposed Location of Services (if different from above):

Address Various locations based on AYP City Alpena State MI Zip 49707

If different from Director:

Name of Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes ☐ No ☒

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Alpena, Alcona, Presque Isle, Montmorency, Iosco Counties

2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: This will vary based on the need and the wide geographic area we serve.

Site Location #2: _____

Site Location #3: _____

3. Transportation – Provide information about accessibility to public transportation from your site:

Thunder Bay Transportation provides service to Alpena, Montmorency and Alcona
counties or we would send staff to other school sites with the cost of travel figured
into the charges.

4. Indicate if you are willing to provide services to eligible students at the school site:

Yes ☒ No ☐

Section 3: Provider Academic/Instructional Program Information

1. Subject Areas Covered – List all subject areas you address in working with students:

ELA – Reading and writing

Math

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: K - 8

3. Time of Services – Indicate when you deliver services to students:

☐ Before School ☒ After School ☐ Weekends ☒ Summer ☐ Other _____

4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students:

☒ Individual Tutoring ☒ Small Group Instruction ☒ Large Group Instruction

☐ Online Web-Based ☐ Other _____

5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 75 minutes Number of Sessions per Week 2 - 3

6. Staffing – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers ☒ Paraprofessionals ☐ Volunteers ☐ Other _____

7. Special Populations Served – Indicate special populations you are able to serve:

☒ Special Education ☐ Limited English Proficient ☐ Other _____

Section 4: Provider Fees

Cost/Fee Structure – Check and complete the cost/fee structure you use:

X \$15.00 per 75 minutes (unit of time, e.g., hour, week, etc.) per student.

(Minimum of 10 students at this rate.)

☐ \$ _____ (flat fee) for _____ (unit of time, e.g., month, semester, year) per student.